

Redmond Parks and Recreation Department Medical Information and Authorization

Please fill out and bring to first class. Copies of this form are acceptable.

(Please print) Program Name	Program Date(s)	
Participant's Name		
Home Phone	Birth Date _	Age
Email Address		
Address		City/Zip
Parent/Guardian		Work Phone
Address		City/Zip
Emergency Contact:		
Name	_ Phone	Relationship
Doctor/Hospital		Phone
Special Information: Medication, allergi	<u> </u>	
Waiver of Liability: Should an emergency to be treated by a hospital, physician, or of illness. I/We further agree to assume a transportation to and from the activities and harmless City of Redmond Parks and Redauthorized persons transporting myself or my child, except injury caused by or resulting fragents. I also authorize the use of photogas part of the City of Redmond promotion	ther certified medical per all risks and hazards in d do hereby waiver, relea- creation Department, parl your child for any claim a from the sole negligence of graphs and/or videotap	sonnel in the event of injury, accident, or cidental to such participation, including use, absolve, indemnify, and agree to hold a supervisors, instructors, volunteers, and rising out of any injury to myself or my/our or concurrent negligence of the City or its
If you do not want your photos or video and give this form to the instructor on	- · ·	eck the box,
Signature(s)	D	Pate